

Conference 2016: Building Blocks for a Healthier Idaho

Population Health “Treating the Community as the Patient”

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New Jersey Partnership for Healthy Kids

Tuesday, May 24, 2016



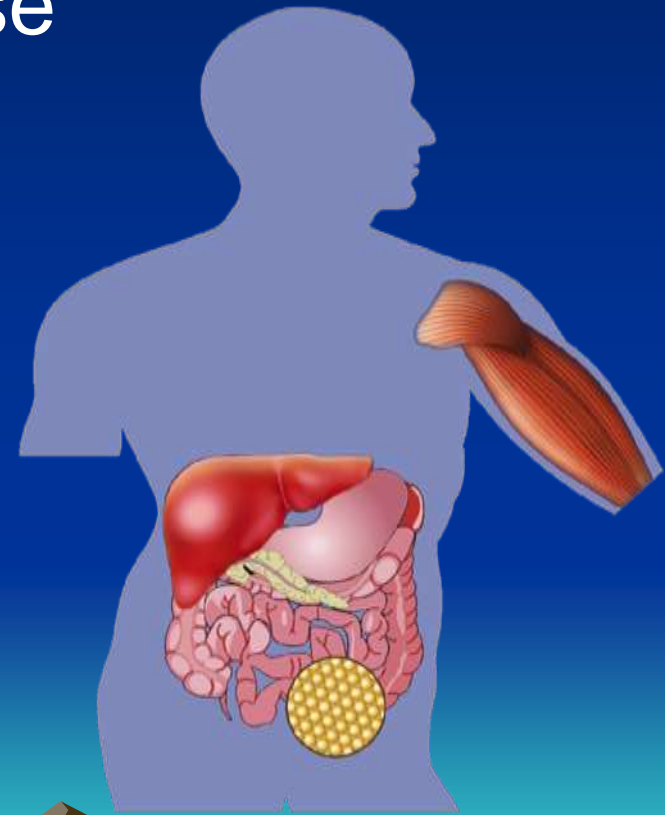


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History & Physical Examination

- medical professional investigates the body of a patient for signs of disease

- Medical History
- Vital Signs
- Symptoms/Risk Factors
- Visual
- Mental Health

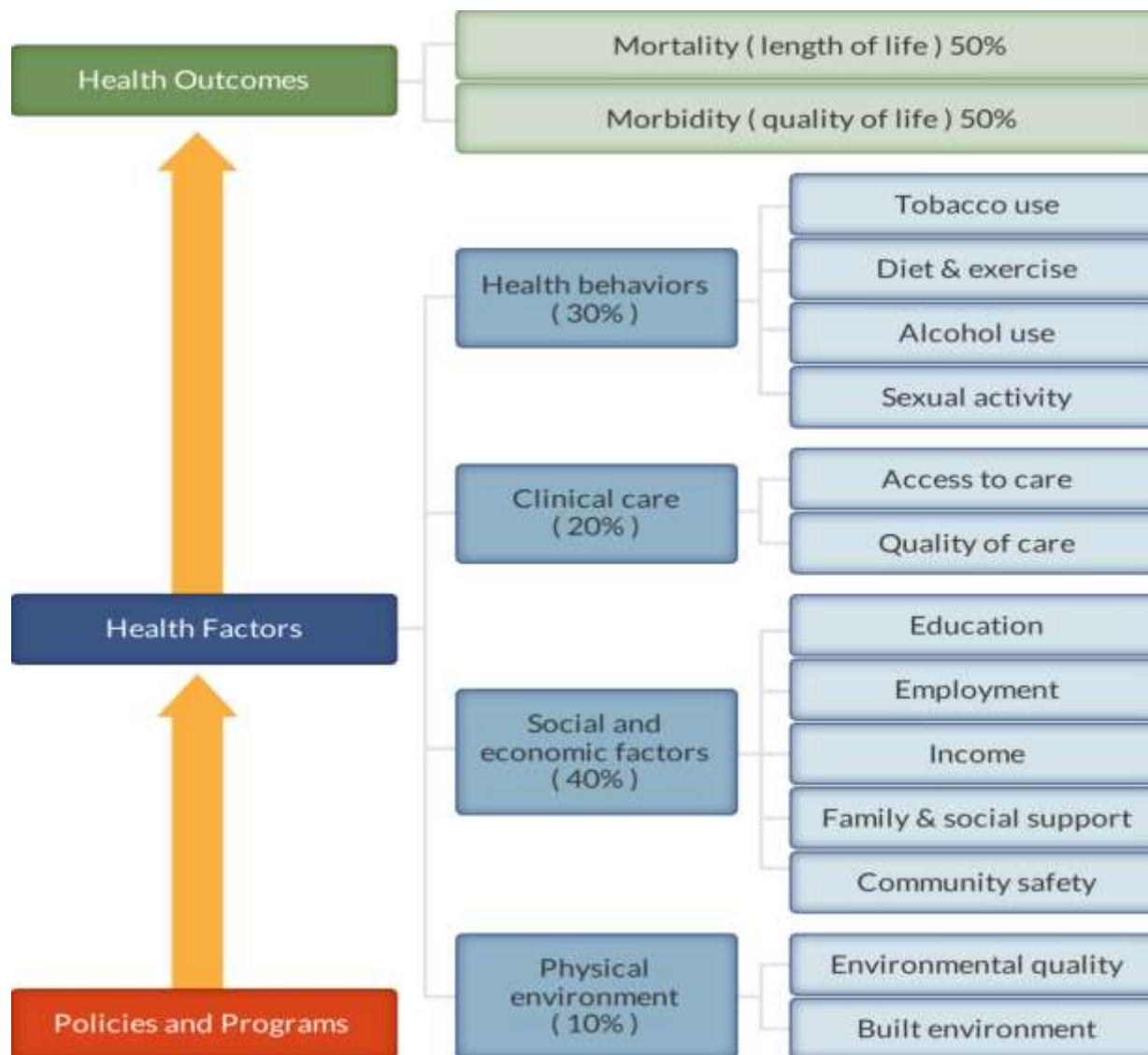


History and Community Examination

- public health professionals and residents investigate the area of a community for signs of disease

- Medical History
- Vital Signs
- Symptoms/Risk Factors
- Visual
- Mental Health





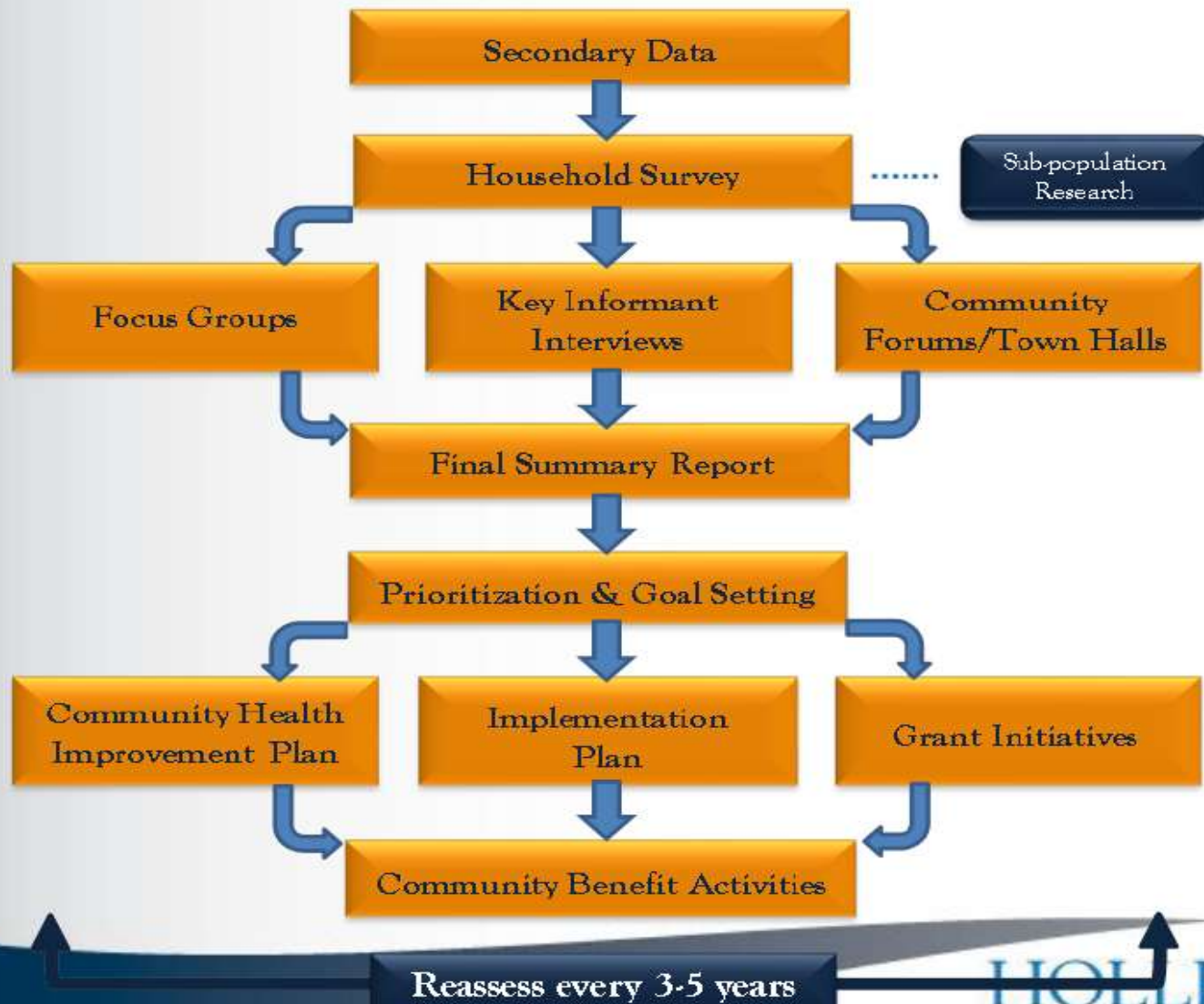
County Health Rankings model ©2012 UWPHI

Medical History



Medical History

Community Health Needs Assessment



Medical History



What's Access & Equity?

Edgewood SD

78237
\$8,949
58%
12,500

Nashville SD

37206
\$9,586
76%
75,080

Montgomery
County DS

20814
\$15,421
90%
148,779

neaToday, Summer 2013, Cover
Story "What's Her Number?"

Environment, Policy & System Change

Environment – attributes of a neighborhood, community, school, center or business (private or public), i.e. built environment.

+

Policy – any written statement plan (law, regulations, ordinances, resolutions, etc.), or course of action that describes expectations or goals related to physical activity and healthy eating.

=

Policies adopted directly influence the environment impacting those that live, play and work in a community.

Vita Signs

- Routine Examinations
 - ✓ HEENT
- Comprehensive
 - ✓ Laboratory, PFT, X-ray
- Executive Examinations
 - ✓ All Inclusive



Vita Signs

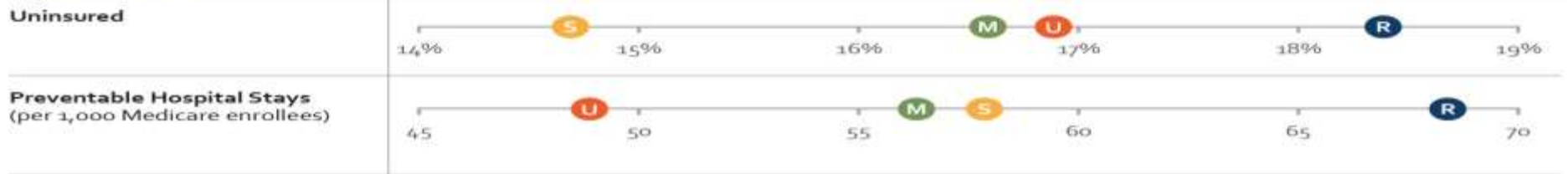
Key Health Factors by Level of Urbanization

U Large Urban
 S Large Suburban
 M Smaller Metro
 R Rural

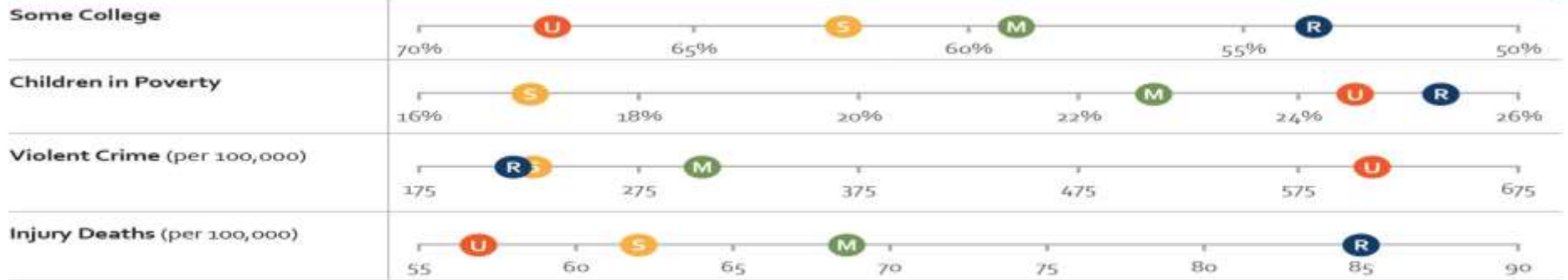
Health Behaviors



Clinical Care



Social & Economic Factors



Physical Environment



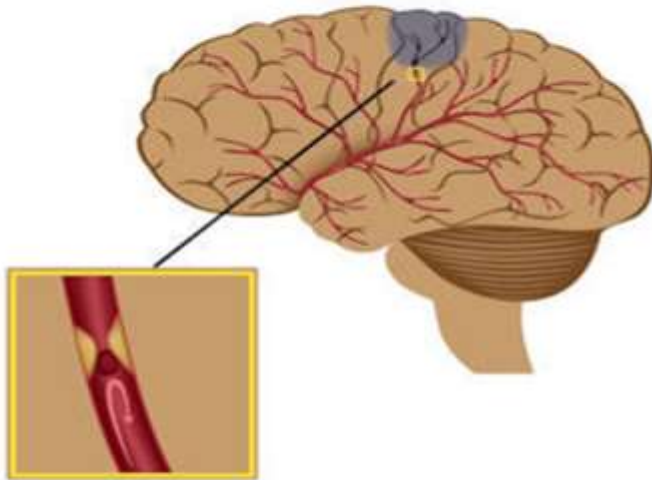
Components of Place Risk vs Protection

Environments	Risk Factors	Protective Factors
Economic Environment	Lack of jobs; lack of commercial businesses (grocery stores; banks)	Living wage jobs; safe workplaces; home ownership; Community investment
Social Environment	Racism; language barriers; lack of social support; lack of leadership and political power.	Social cohesion, social support and networks; civic participation; political organizing;
Physical Environment	Presence of toxic polluters; poor urban design and land use; isolation from job centers and food outlets.	Policies that maintain clean environments; affordable high quality housing; local parks; walkable & bikable communities; healthy urban design; affordable transit oriented development.
Services Environment	Lack of affordable childcare; lack of public safety; lack of needed services –transportation, healthcare.	Affordable, adequate public transportation; subsidized childcare facilities; adequate police, fire and emergency services.

Source: PolicyLink, Why Place and Race Matter; 2011.

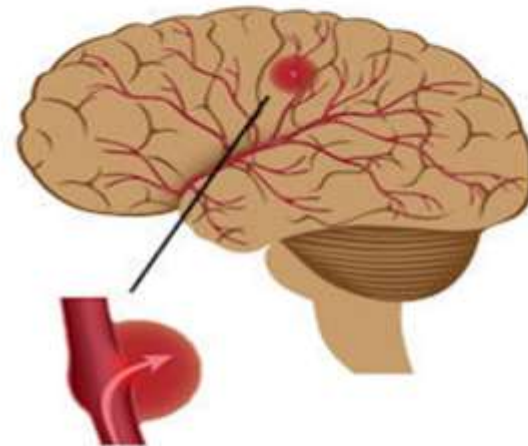
Symptoms/Risk Factors

Types of Stroke



Blockage of blood vessels,
lack of blood flow to affected area

Ischemic Stroke



Rupture of blood vessels,
leakage of blood in affected area

Hemorrhagic Stroke

©Alila/bigstock.com

Abstract 32

American Stroke Association meeting report:

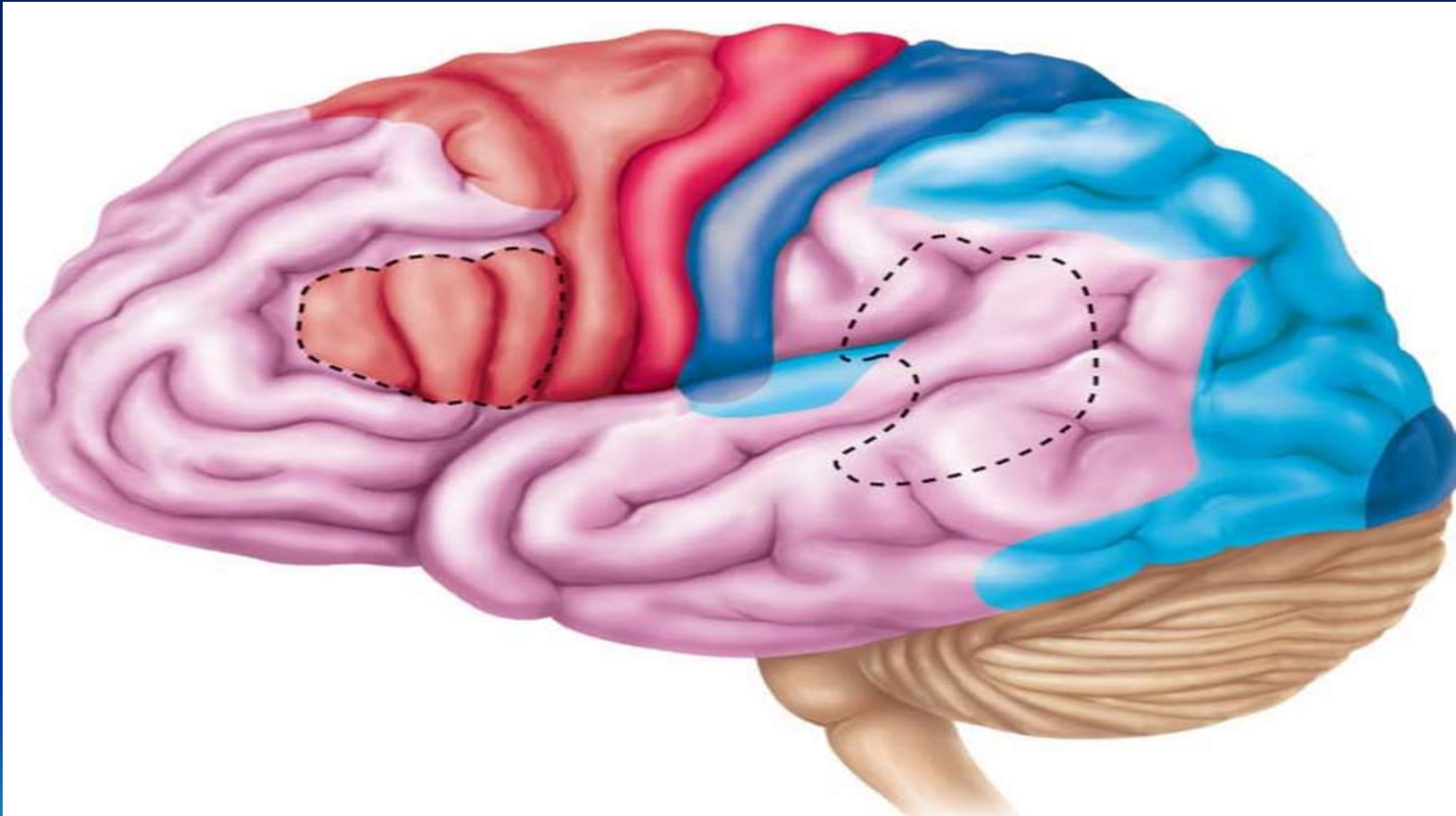
Residents of disadvantaged areas have higher stroke risk

PHOENIX, Feb. 14 – People living in disadvantaged communities are twice as likely to have a stroke as people in more affluent neighborhoods, according to a study presented today at the American Stroke Association's 28th International Stroke Conference. The American Stroke Association is a division of the American Heart Association.

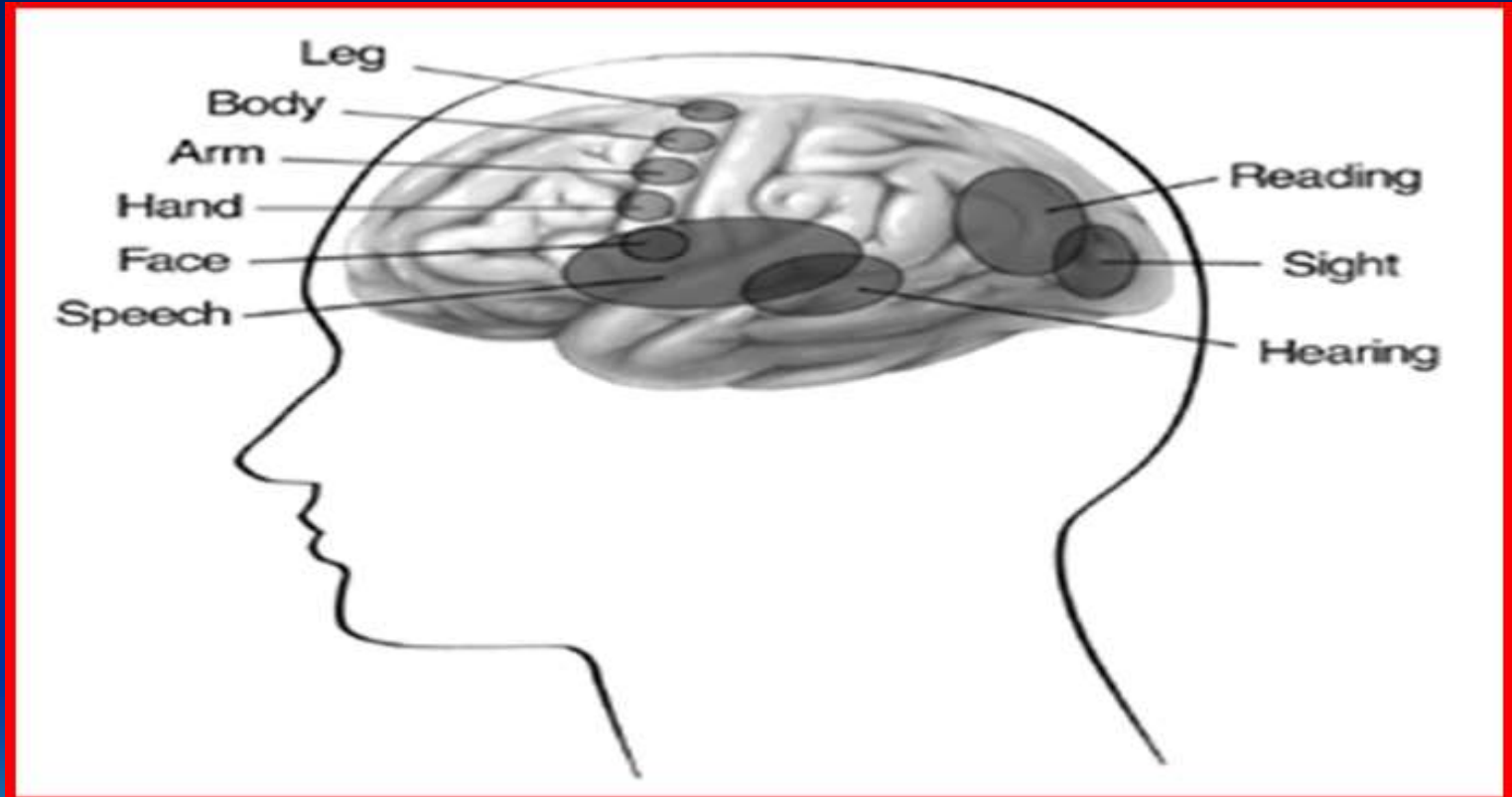
Researchers analyzing data from a large ongoing stroke study in New York City found that living in an area with a greater than average proportion of the poor, unemployed and adults on public assistance is an independent risk factor for stroke. The finding holds true for blacks, whites and Hispanics. The study is the first using census tract data and individual socioeconomic variables to link living in a disadvantaged community to stroke.



Symptoms/Risk Factors



Symptoms/Risk Factors



Visual



Visual



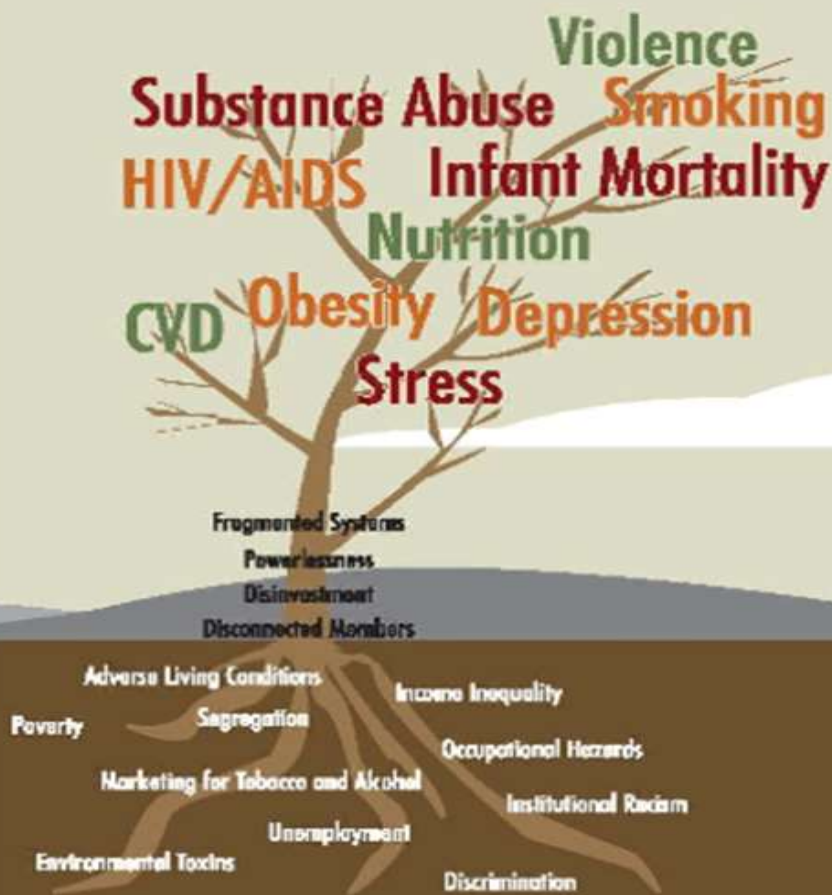
Complete Streets



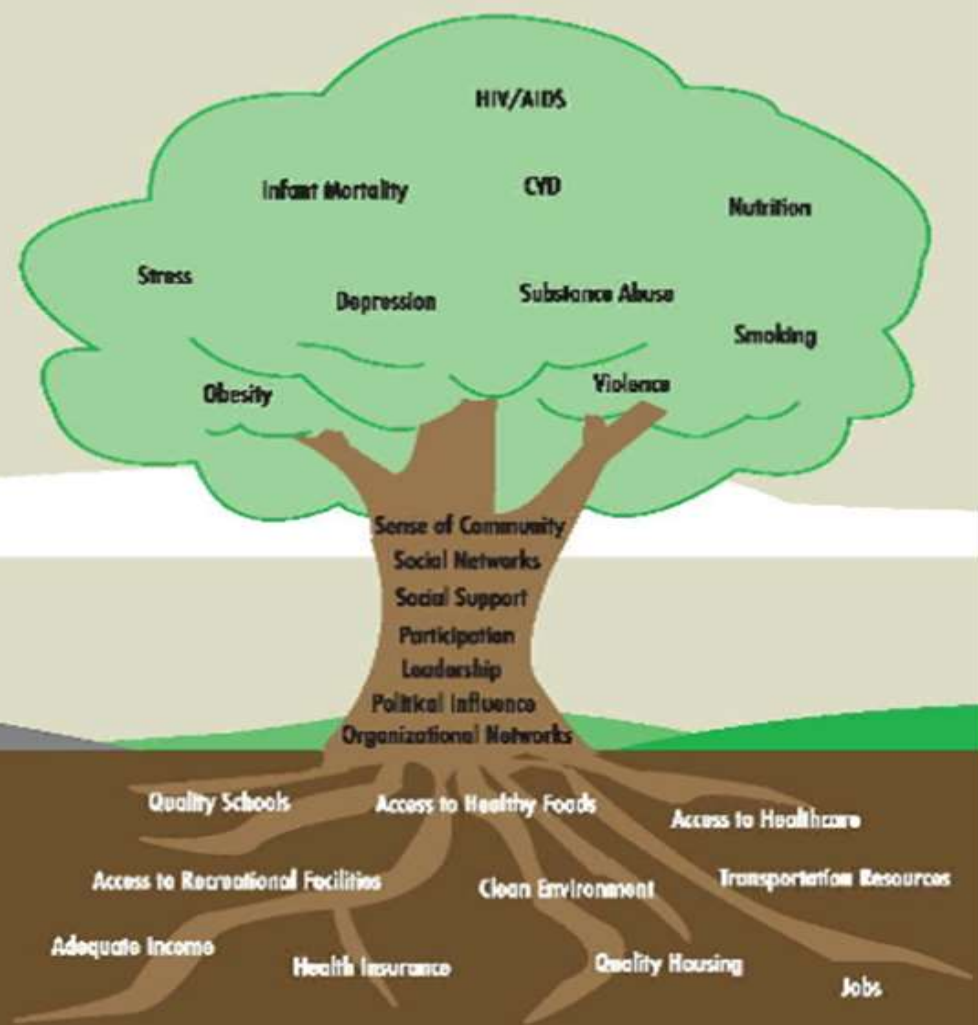
Growing Communities: Social Determinants, Behavior and Health

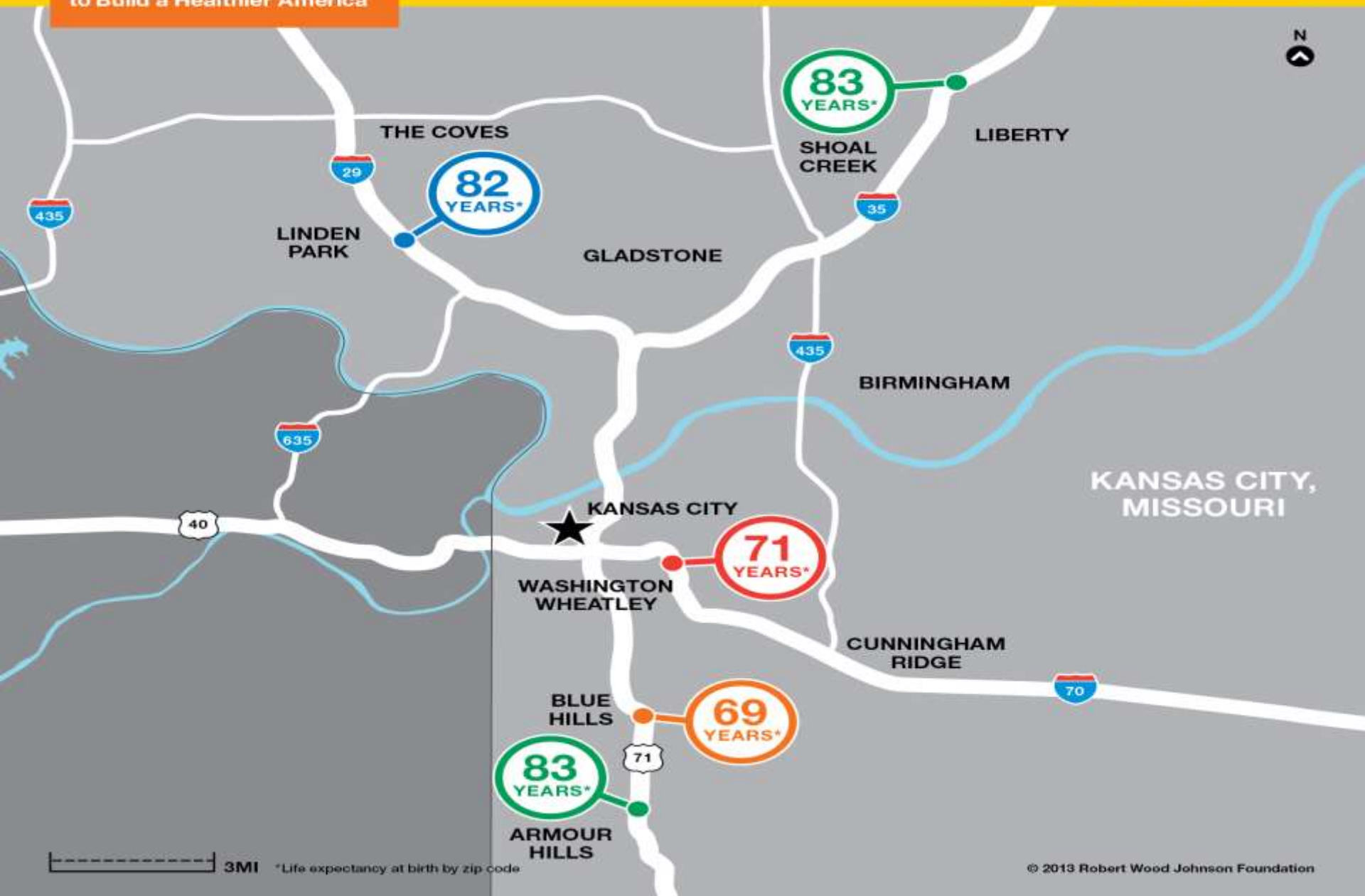
Our environments cultivate our communities and our communities nurture our health.

When inequities are high and community assets are low, health outcomes are worst.



When inequities are low and community assets are high, health outcomes are better.





Mental Health

I don't feel particularly pleased with the way I am

1 2 3 4 5 6

I am intensely interested in other people

1 2 3 4 5 6

I feel that life is very rewarding

1 2 3 4 5 6

I have very warm feelings towards almost everyone

1 2 3 4 5 6

I rarely wake up feeling rested

1 2 3 4 5 6

I am not particularly optimistic about the future

1 2 3 4 5 6

I find most things amusing

1 2 3 4 5 6

Death

Early
Death

Disease,
Disability

Adoption of
Health-risk Behaviors

Social, Emotional, &
Cognitive Impairment

Adverse Childhood
Experiences

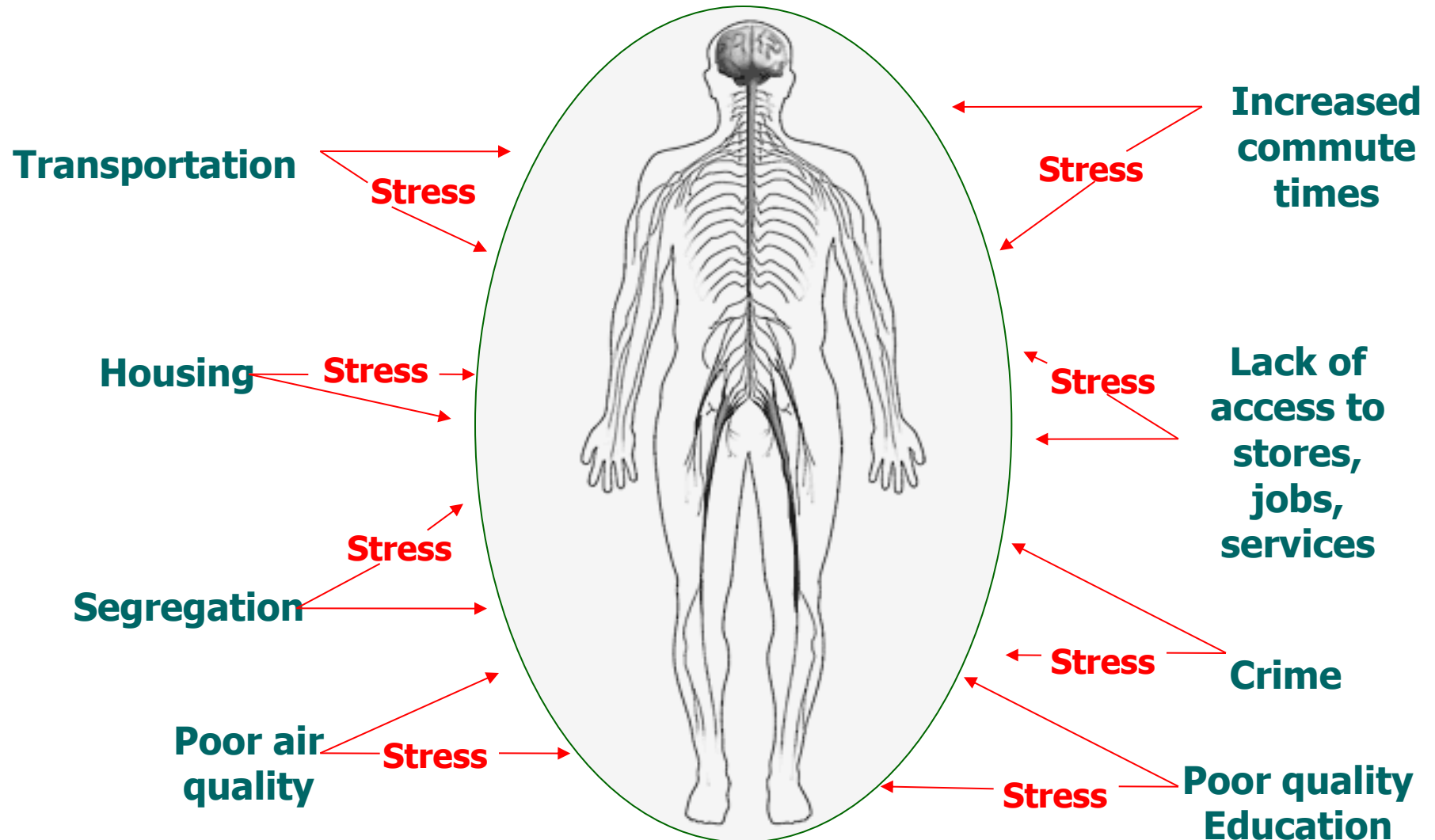
Birth

**The Influence of Adverse
Childhood Experiences Throughout Life**



How Health Inequities Affect the Body

Physical and Mental Health Impacts



Medical Homes





MEDIA



**GOVERNMENT
AGENCIES**



**FAITH-BASED
ORGANIZATIONS**



**YOUTH-SERVING
ORGANIZATIONS**



SCHOOLS



**POSTSECONDARY
INSTITUTIONS**



FAMILY



**HEALTH CARE
PROVIDERS**



EMPLOYERS

ACC

Accountable Care Communities



COMMUNITY COMMONS

Activity

Maps & Data

Hubs

Channels ▾

Support



Add Data

Map Gallery

Tools

Click the + and - buttons to
zoom in and out on the map



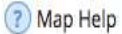
Save



Share



Export



Map Help

Enter a location



Map Layers



Label

Info

Remove

All Hospitals, POS Sept. 2015



Transparency: 20%



Label

Info

Remove

Farmers' Markets Accepting SNAP, USDA - AMS
Jan. 2016



Data Geog:

Transparency: 0%



Label

Info

Remove

Nonprofit Organizations, Places of Worship, IRS
2015



Christian - Protestant



Christian - Catholic



Christian - Other



Jewish



Islamic



Buddhist



Hindu



Other / Unlisted

Transparency: 10%

Tools

Individual **versus** Community

Health Behaviors

- Tobacco Use
- Alcohol Use
- Physical Activity
- Healthy Eating
- Manage Stress
- Medication Adherence

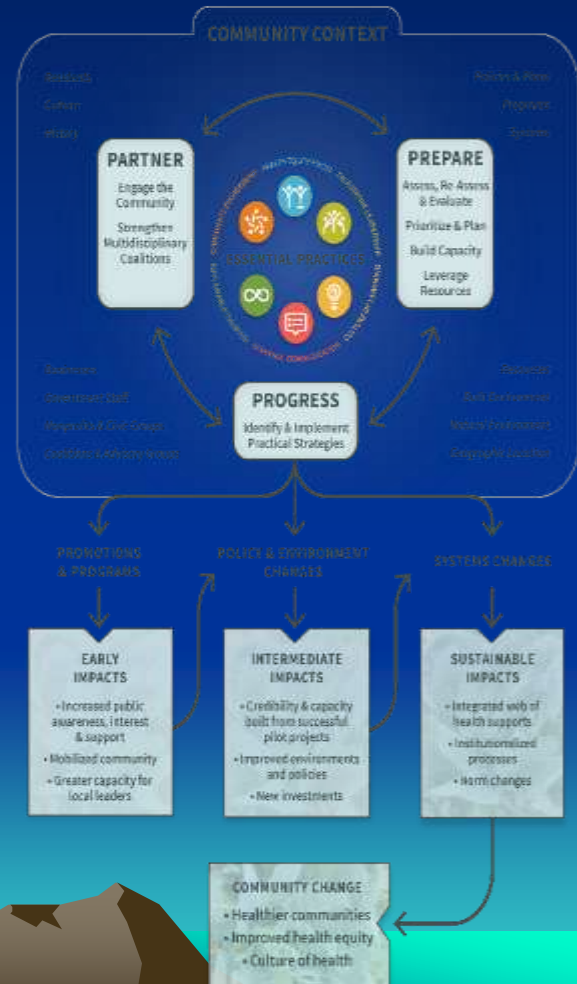
Community Defaults

- Smoke Free Ordinances
- Complete Streets Policy
- SRTS Policies
- Fresh Food Financing Initiative / Healthy Corner Stores
- Physical Education & Activity in Schools (school wellness policies)
- Menu Labeling
- SNAP ED & WIC incentives
- Prescriptions for V/F, PA

Model for Community Action

Explore the new Community Action Model.

Active Living By Design's new Community Action Model is based on lessons learned from more than a dozen years of locally-led, healthy community change.



Community Context

Prepare

- Assess, re-assess and evaluate

Partner

- Community engagement and partnerships

Progress

- Identify and implement “practical” strategies



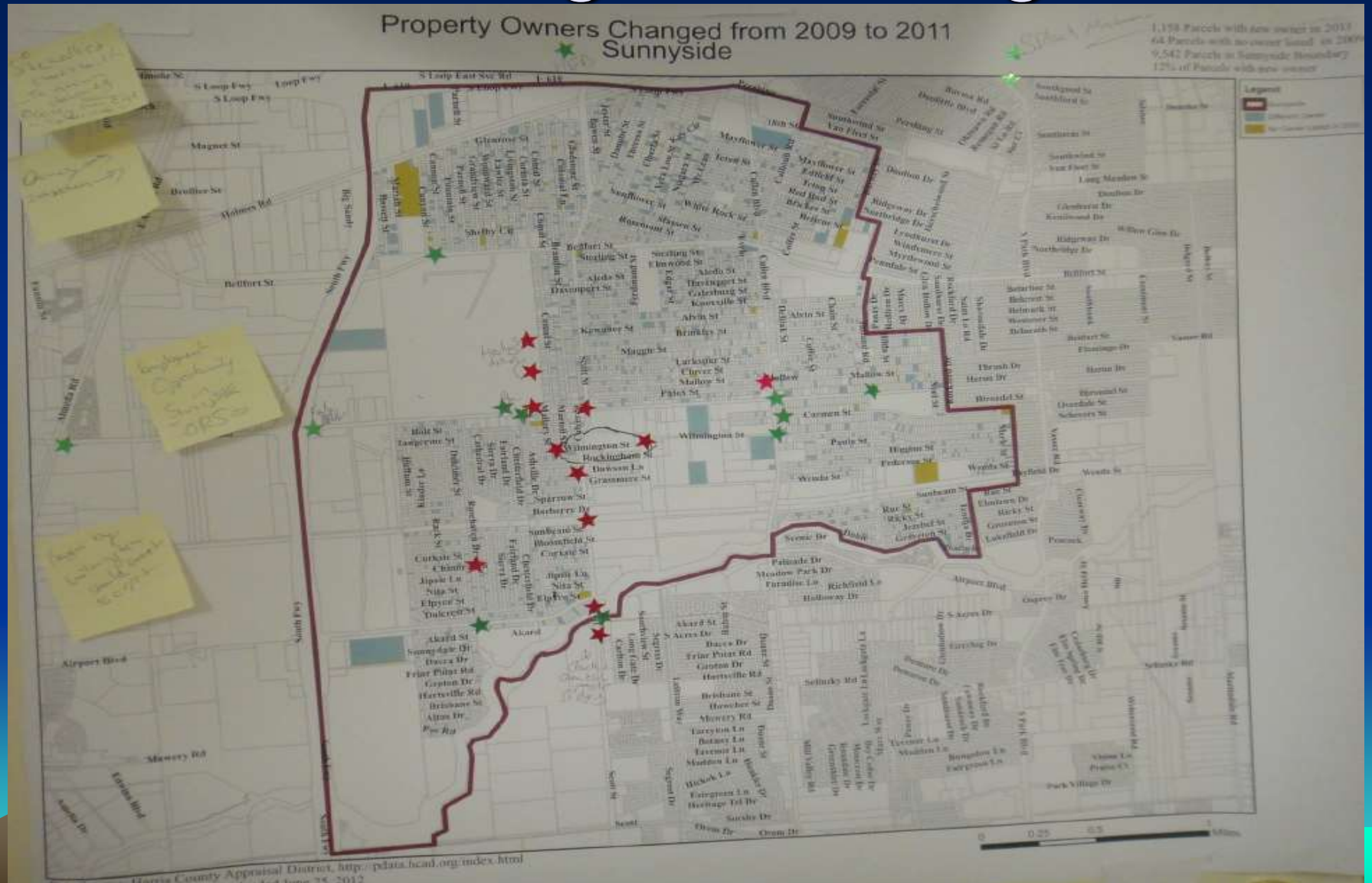
Essential Practices in community change!



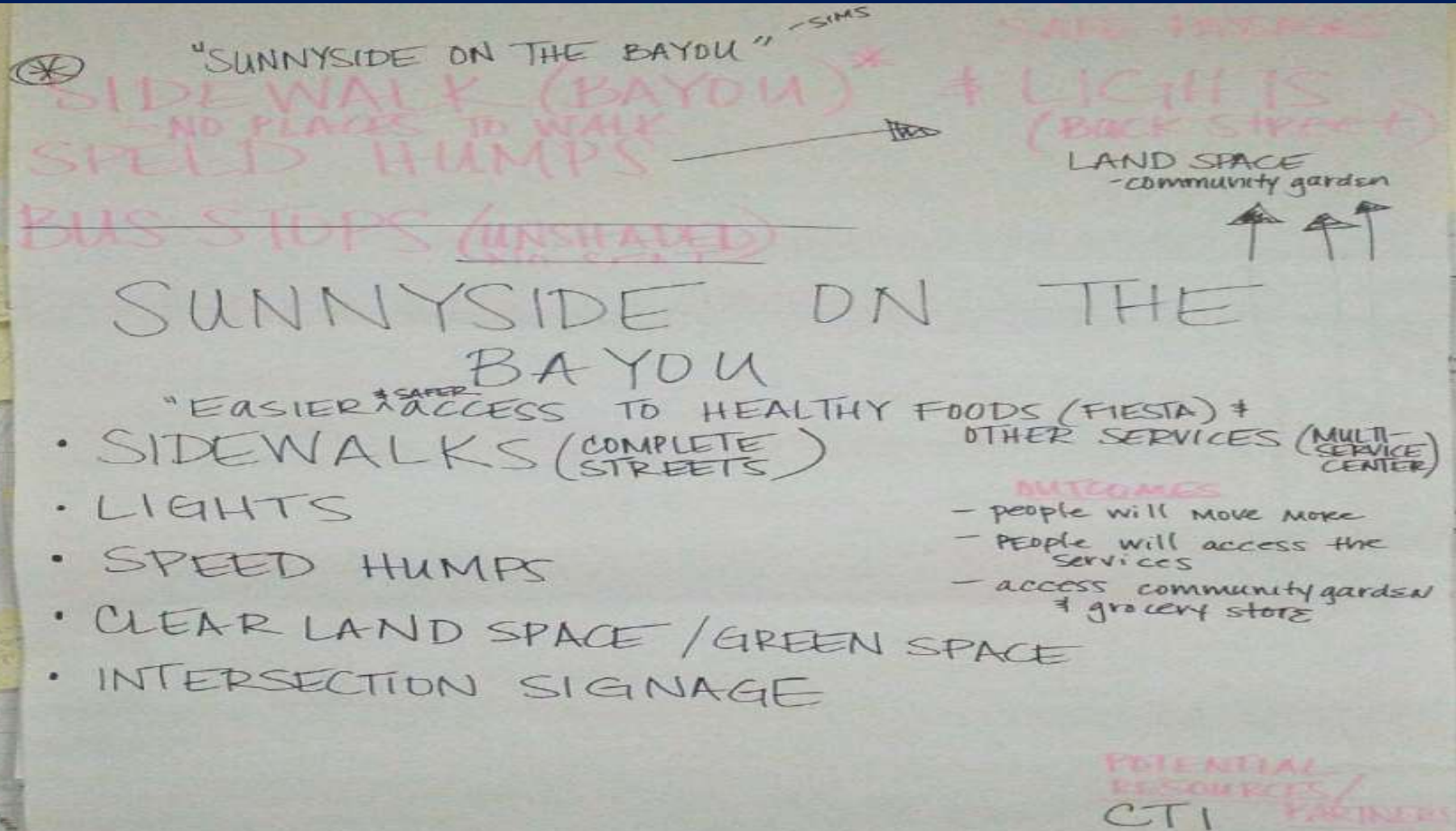
Advocacy (Organizing for Change)



Strategic Planning



Logic Model



National Rural Health Association 2016 Legislative and Regulatory Agenda

- Access Standards
- Broadband Access – Internet is necessary, not a luxury!
- Area Health Education Centers
- Border Health
- Children's Health Insurance
- FQHC and Migrant Health Centers
- Health Information Technology
- Health Disparities
- Health Literacy



David L. Katz, MD, MPH

Professor & Editor (Yale)

Unfortunately, drowning is, without question, a medically legitimate condition. Doctors treat it and insurers cover the costs. However, drowning is not a disease, because perfectly healthy human bodies drown if they stay underwater too long. The problem here is not one of pathophysiology, but of a normally functioning body undone by environmental conditions to which it is ill suited.